

Application to Maintain Records at a Location Other than the Pharmacy

Pharmacy Information

Pharmacy Name	ACP Licence Number		
Address			
City	Postal Code	Phone Number	Fax Number

Storage Facility Information

Name			
Address	City	Province	Postal Code

Provide the names and contact information for any persons who own, lease or control or are involved in any manner in storing the records at the above facility:

Contact Name	Title	Phone Number
Contact Name	Title	Phone Number

If the storage location is not a formal storage facility provide a description of where the records will be housed.

How will the records be secured? _____

Other than the licensee who will have access to the stored records?

- nobody
 pharmacy technicians
 staff pharmacists
 pharmacy employees
 pharmacy owners
 cleaners
 front store managers
 front store staff
 other _____

Types of Records to be stored off site

- electronic records
 computer server
 prescription hard copy
 current records
 archived records
 other _____

Licensee Information

I, _____
licensee full name ACP Registration Number

hereby acknowledge that:

- I will maintain the care and control of the records stored at the above listed facility
- I will restrict and control access to the records stored at the above listed facility
- I will ensure the requirements of the Standards for Operating Licensed Pharmacies are met in regards to the above records

By completing this application form I hereby make a request to maintain records at a location other than the pharmacy in accordance with Sections 12(4) and 12(5) of the Pharmacy and Drug Regulation and I declare that all the information on this application and any information supplied in support of this application is true to the best of my knowledge.

Licensee Signature Date